

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90634 001 \*4,050.00

**DOCUMENT # P98000057326**

1. Entity Name  
**SALVAGE CITY AUTO PARTS, INC.**

Principal Place of Business  
**1489 W. PALMETTO PARK ROAD  
 SUITE 492  
 BOCA RATON FL 33486**

Mailing Address  
**1489 W. PALMETTO PARK ROAD  
 SUITE 492  
 BOCA RATON FL 33486**

2. Principal Place of Business  
**125 N 46 Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**125 N 46 Ave**  
 Suite, Apt. #, etc.

City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**USA**

City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**USA**

4. FEI Number **65-0857495**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GOTTLIEB, KENNETH A  
 125 NORTH 46TH AVENUE  
 HOLLYWOOD FL 33021**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

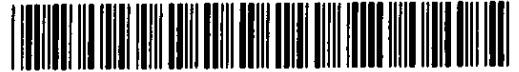
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LUCEY, GERARD</b> <b>1489 W.PALMETTO PARK RD #492</b> <b>BOCA RATON FL 33486</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gene Bush</b> <b>P</b> <b>125 N 46 Ave</b> <b>Hollywood, FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene Bush Date: 4/23/01 Daytime Phone #: 561-750-4477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE